

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS				1. REQUISITION NUMBER		PAGE 1 OF 16	
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24 & 30				ARC-91320-07-0002			
2. CONTRACT NUMBER		3. AWARD/EFFECTIVE DATE		4. ORDER NUMBER		5. SOLICITATION NUMBER	
						RFQ-07-070	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Leslie Pierce, Contract Specialist				b. TELEPHONE NUMBER (no collect calls) 304-480-7131	
						8. OFFER DUE DATE/ LOCAL TIME December 07, 2006 @ 12:00 p.m. EST	
9. ISSUED BY Department of the Treasury Bureau of the Public Debt Procurement Services Branch 200 Third Street, Avery 5F Parkersburg, WV 26106-5312		CODE		10. THIS ACQUISITION IS			
				<input checked="" type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET-ASIDE % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> 8(A) <input checked="" type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS NAICS: 525110 SIZE: 6.5 Mil STANDARD:			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED		12. DISCOUNT TERMS		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		13b. RATING	
<input type="checkbox"/> SEE SCHEDULE				<input type="checkbox"/>		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
15. DELIVER TO		CODE		16. ADMINISTERED BY			
				Same as Block 9			
17a. CONTRACTOR/OFFEROR		CODE		FACILITY		CODE	
						Department of the Treasury Bureau of the Public Debt Accounting Services Branch 200 Third Street, Avery 3G Parkersburg, WV 26106-5312	
TELEPHONE NO.				18a. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED			
<input type="checkbox"/> 17b. CHECK IF REMITTANCE ADDRESS IS DEFFERENT AND PUT SUCH ADDRESS IN OFFER.				<input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	DUNS NUMBER: _____ IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK, PROVIDE THE FOLLOWING SERVICES: THE TERM OF THIS CONTRACT SHALL BE A BASE YEAR AND FOUR (4) ONE-YEAR OPTION PERIODS. OPTION PERIODS MAY BE EXERCISED BY THE GOVERNMENT UPON ISSUANCE OF A UNILATERAL MODIFICATION TO THE ORDER. IT IS IMPERATIVE THAT YOU SUBMIT A COMPLETE PACKAGE AND THAT YOU SUBMIT YOUR BEST TECHNICAL AND LOW PRICE OFFER. AWARD WILL BE BASED ON TECHNICALLY COMPLIANT LOW PRICE. (Use Reverse and/or Attach Additional Sheets as Necessary)						
25. ACCOUNTING AND APPROPRIATION DATA						26. TOTAL AWARD AMOUNT (For Govt. Use Only)	
<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.							
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.							
<input type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN _____ COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.				<input type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:			
30a. SIGNATURE OF OFFEROR/CONTRACTOR				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b. NAME AND TITLE OF SIGNER (Type or Print)				30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or Print)	
						31c. DATE SIGNED	

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<p>YOU MAY FAX YOUR RESPONSE TO 304-480-7203 OR EMAIL TO Leslie.Pierce@bpd.treas.gov. CALL 304-480-7131 TO CONFIRM RECEIPT OF YOUR QUOTE. THE BUREAU OF THE PUBLIC DEBT ASSUMES NO RESPONSIBILITY FOR CONFIRMING RECEIPT OF FACSIMILE TRANSMISSIONS.</p> <p>BASE YEAR – FISCAL YEAR 2007</p> <p>1. DEATH AUDIT SERVICES</p> <p>OPTION YEAR 1 – FISCAL YEAR 2008</p> <p>2. DEATH AUDIT SERVICES</p> <p>OPTION YEAR 2 – FISCAL YEAR 2009</p> <p>3. DEATH AUDIT SERVICES</p> <p>OPTION YEAR 3 – FISCAL YEAR 2010</p> <p>4. DEATH AUDIT SERVICES</p> <p>OPTION YEAR 4 – FISCAL YEAR 2011</p> <p>5. DEATH AUDIT SERVICES</p>			\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED
 ☐ INSPECTED
 ☐ ACCEPTED AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED:

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
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32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE
	32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETED <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	

38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY
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41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT	42a. RECEIVED BY (Print)
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	42b. RECEIVED AT (Location)
41c. DATE	42c. DATE REC'D (MM/DD/YYYY)
	42d. TOTAL CONTAINERS